## SEP 1 6 2005

PTO/SB/22 (12-04)
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P	ETITION	FOR EXTENSION OF TIME UNDER	Docket Number (Optional)		
		FY 2005	AUS920011011US1		
<del> -</del>	(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				
	Application Number 10/015,880			Filed 12/13/2001	
F	<sub>or</sub> System and Method for Anti-Moiré Imaging in a One Dimensional Sensor Array				
Α	rt Unit 2	625		Examiner Sathyanaray	a V. Perungavoor
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
		•	<u>Fee</u>	Small Entity Fee	
Ì	₹	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
		Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
		Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
		Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
		Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.					
A check in the amount of the fee is enclosed.					
Payment by credit card. Form PTO-2038 is attached.					
The Director has already been authorized to charge fees in this application to a Deposit Account.					
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to					
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number09-0447 I have enclosed a duplicate copy of this sheet.					
WARNING: Information on this form may become public. Credit card information should not be included on this form.					
Provide credit card information and authorization on PTO-2038.					
I am the applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
attorney or agent of record. Registration Number					
	attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34				
	Robert Franta Sent 16 2005				
		Signature of		DE DE	ate
	Robert H. Frantz 405-812-5613				
Typed or printed name Telephone Number					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one					
signature is required, see below.  Total of forms are submitted,					
his d Certificate of Transmission under 37 CFR61 8					
omp omn	I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office on:				
J.S. OR <i>i</i>	DATE: 0	9/16/2005	SIGNATURE: Role	ert Frant	3 Icer,
				<u> </u>	7
	Robert H. Frantz, Reg. No. 42,553				

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